

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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30	I					
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33		I				
34						
35	I					
36		I				
37						
38		I				
39						
40		I				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.			↓		↓	↓
TOTAL CLAIMS	40					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.			↓		↓	↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS